

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2018
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
(K 000)	INITIAL COMMENTS Surveyor: 35700 Description of Structure: The building is a two story Type II (111) structure with a NFPA 13 Sprinkler system. An unannounced Life Safety Code recertification survey was conducted on 04/11/2018 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the 2012 Life Safety Code Existing Regulations. The facility was found not to be in compliance with the Requirements for Participation for Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire) K 222 Egress Doors SS=D CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of	(K 000)	<u>Please note that the facility is currently under renovation.</u> Preparation of the following plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared because it is required by the provisions of federal and state law and is created for the purpose of quality improvement. The plan of correction constitutes the facility's allegation of compliance with federal and state laws. K222 1. The door to room 221 has been adjusted and now latches correctly. 2. Other patient room doors have been checked to ensure they latch correctly. 3. Staff will utilize the Maintenance Log to notify maintenance staff of doors that do not latch properly. In addition, maintenance staff will monitor for these situations during routine rounds and make adjustments as needed. 4. Administrator/designee will check Maintenance logs monthly to monitor that doors are being adjusted as needed. Any ongoing noncompliance will be grounds for reeducation/disciplinary action. 5. Completion Date: May 1, 2018	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ramona J. Ringstaff

Administrator

4/24/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 222	<p>Continued From page 1</p> <p>locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout</p>	K 222			

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K 222	Continued From page 2 by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain correct operation of its patient sleeping room doors. The finding includes: On 02/27/2018 at approximately 12:29 PM it was observed that the door was not latching to room 221.	K 222			
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet)	K 321	K321 1. Penetrations in the ceiling tile and walls of Wing One telephone closet have been repaired. 2. Other hazardous areas have been checked to ensure there are no other penetrations in the ceiling tiles and/or walls. 3. Maintenance personnel will check for penetrations in ceilings and walls during their routine rounds 5x/weekly. Any issues of noncompliance will be corrected as identified and reported to the Administrator/designee. 4. The Administrator/designee will monitor for ongoing compliance. Corrective action will be developed as needed. 5. Completion Date: May 1, 2018		

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K 321	Continued From page 3 c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to ensure that its hazardous areas were properly protected. The Findings Include: On 04/11/2018 at 12:09 PM it was observed that there was penetrations in the ceiling tile and walls of the Wing One telephone closet.	K 321			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.	K 353	K353 1. The penetrations in the ceiling tile in the corridor outside room 321, in the closet of the rehab area, and in the ceiling tile in Wing One telephone closet have all been fire caulked. 2. Maintenance personnel have made rounds throughout the building to ensure there are no other penetrations in ceiling tiles. 3. Staff will utilize the Maintenance log to notify Maintenance staff of any penetrations in ceiling tiles that they identify. In addition, Maintenance personnel will monitor for penetrations in ceiling tiles during their routine rounds 5x/weekly. Any ongoing concerns will be brought to the attention of the Administrator/designee for follow up action. 4. Administrator/designee will check Maintenance logs monthly to monitor that reported penetrations in ceiling tiles are being corrected. Corrective action will be developed as needed. 5. Completion Date: May 1, 2018		

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K 353	Continued From page 4 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to ensure that its fire sprinkler system was properly maintained. The Findings Include: On 04/11/2018 at approximately 11:44 AM it was observed that there was penetrations in the ceiling tile in the corridor outside room 321. On 04/11/2018 at approximately 12:24 PM it was observed that there was penetrations in the ceiling tile in the closet of the rehab area. On 04/11/2018 at approximately 12:09 PM it was observed that there was penetrations in the ceiling tile in wing one telephone closet. On 04/11/2018 at approximately 12:24 PM it was observed that there was penetrations in the ceiling of the closet in the rehab area.	K 353			
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke	K 372	K372 1. The penetrations above Wing One smoke doors and above ceiling above Wing Two smoke doors have been sealed with fire caulking. 2. Other smoke barriers have been checked to ensure there are no penetrations. 3. Maintenance personnel will monitor smoke barrier walls monthly for the next 6 months to ensure their integrity is maintained. If no problems are identified then they will be monitored every six months thereafter.		

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K 372	Continued From page 5 barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Surveyor: 35700 Based on observation the facility failed to properly maintain the integrity of its smoke barriers. The Finding Includes: On 04/11/2018 at approximately 12:13 PM it was observed that there was unsealed penetrations above Fire/smoke door assembly in the rated wall above ceiling above wing One smoke doors around data cables. On 04/11/2018 at approximately 12:22 PM it was observed that there was unsealed penetrations above Fire/smoke door assembly in the rated wall above ceiling above wing Two smoke doors.	K 372	4. The Administrator/designee will monitor for ongoing compliance. Corrective action will be developed as needed. 5. Completion Date: May 1, 2018	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms	K 920	K920 1. The power taps in room 118, room 124, and room 126 have either been removed or replaced with medical grade UL approved power strips. 2. Maintenance department has made rounds throughout the facility verifying that no other power strips are in use incorrectly. 3. Maintenance Dept. will add monitoring for power cords to the monthly rounds log. Maintenance Director will monitor for compliance. He will report any issues of noncompliance to the Administrator/designee so that corrective action can be developed. 4. Maintenance logs will be reviewed by the Administrator/designee on a quarterly basis to ensure compliance. 5. Completion Date: May 1, 2018	

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K 920	<p>Continued From page 6</p> <p>(outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 35700</p> <p>Based on observation the facility failed to properly maintain its electrical equipment.</p> <p>The Findings Include:</p> <p>On 04/11/2018 at approximately 11:55 AM it was observed that in room #118 there was a relocatable power tap not mounted to a mobile device used for patient care providing power to patient care equipment/devices in the patient care vicinity that was not listed as UL 1363A or UL60601-1.</p> <p>On 04/11/2018 at approximately 12:01 PM it was observed that in room #124 there was a relocatable power tap not mounted to a mobile device used for patient care providing power to patient care equipment/devices in the patient care vicinity that was not listed as UL 1363A or UL60601-1.</p> <p>On 04/11/2018 at approximately 12:05 PM it was observed that in room #126 there was a relocatable power tap not mounted to a mobile</p>	K 920			

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K 920	Continued From page 7 device used for patient care providing power to patient care equipment/devices in the patient care vicinity that was not listed as UL 1363A or UL60601-1.	K 920			